

UNITED STATES BANKRUPTCY COURT <u>SOUTHERN</u> DISTRICT OF <u>FLORIDA</u>		<b>PROOF OF CLAIM</b>
Name of Debtor <b>Tele King Communications Corporation</b>		Case Number <b>04-14447-BKC-RAM</b>
NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.		
Name of Creditor (The person or other entity to whom the debtor owes money or property): <b>BELLSOUTH TELECOMMUNICATIONS, INC</b>		<div style="border: 1px solid black; padding: 5px; transform: rotate(-15deg);">             FILED  <b>JUN 28 2004</b>              RECEIVED              U.S. BANKRUPTCY COURT              SO. DISTRICT OF FLORIDA           </div> <div style="margin-top: 5px;">THIS SPACE IS FOR COURT USE ONLY</div>
Name and address where notices should be sent: <b>REGIONAL BANKRUPTCY CENTER 29EF1-301 W. BAY STREET JACKSONVILLE, FLORIDA 32202</b>		
Telephone number: <b>(800) 676-9304</b>		
Account or other number by which creditor identifies debtor: <b>See Attached</b>		Check here <input type="checkbox"/> replaces a previously filed claim, dated: _____ if this claim <input type="checkbox"/> amends
<b>1. Basis for Claim</b> <input type="checkbox"/> Goods sold <input type="checkbox"/> Services performed <input type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Taxes <input checked="" type="checkbox"/> Other <u>Telephone Services &amp; Assoc. Billing</u> <input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a) <input type="checkbox"/> Wages, salaries, and compensation (fill out below) Your SS #: _____ Unpaid compensation for services performed from _____ to _____ <div style="text-align: center;">(date) (date)</div>		
<b>2. Date debt was incurred:</b> <u>5/17/04</u>		<b>3. If court judgment, date obtained:</b>
<b>4. Total Amount of Claim at Time Case Filed:</b> \$ <u>19,526.73</u> If all or part of your claim is secured or entitled to priority, also complete Item 5 or 6 below. <input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.		
<b>5. Secured Claim.</b> <input type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff). Brief Description of Collateral: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____ Value of Collateral: \$ _____ Amount of arrearage and other charges at time case filed included in secured claim, if any: \$ _____		<b>6. Unsecured Priority Claim.</b> <input type="checkbox"/> Check this box if you have an unsecured priority claim Amount entitled to priority \$ _____ Specify the priority of the claim: <input type="checkbox"/> Wages, salaries, or commissions (up to \$4,650),* earned within 90 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(3). <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(4). <input type="checkbox"/> Up to \$2,100* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(6). <input type="checkbox"/> Alimony, maintenance, or support owed to a spouse, former spouse, or child - 11 U.S.C. § 507(a)(7). <input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8). <input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507(a)(____). <small>*Amounts are subject to adjustment on 4/1/04 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.</small>
<b>7. Credits:</b> The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim. <b>8. Supporting Documents:</b> Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary. <b>9. Date-Stamped Copy:</b> To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.		THIS SPACE IS FOR COURT USE ONLY
Date <b>6/21/04</b>	Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any): <b>L. Melton L. MELTON/Bankruptcy Rep F.E.I.N. 58-0436120</b>	
Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.		

# BELLSOUTH TELECOMMUNICATIONS

Case Number 04-14447

File Date 05/17/04

Total Claim  
\$19,526.73

Debtor's Name  
Debtor's Address

Tele King Communications Corp.  
11900 Biscayne Blvd.  
#520  
Miami, FL 33181

## Return Address

BELLSOUTH BANKRUPTCY CENTER  
301 W. Bay Street Suite 29EF1  
Jacksonville, Florida 32202  
Telephone: 800 676-9304

Telephone (T) or Circuit (C) Number	CENT FIDS	L/F	BILL DATE	TOTAL BILL BALANCE	POST PETITION CHRG	DAC	LU CHG	PRE PET TOLLS	PRE MISC/ DOTNET	TERM CHARGES	PRE PET AMOUNT	PRE PET PMTS	DIR ADV	TAX	Com AMT
1 305 891-0511-001	CC0	F	02/14/04	14,771.32							14,771.32				14,771.32
2 305 891-9902-001	CC0	F	06/14/04	2,446.36							2,446.36				2,446.36
3 305 891-9962-001	CC0	F	05/14/04	2,237.87							2,237.87				2,237.87
4 305 W51-1906-001	CC0	F	05/01/04	71.18							71.18				71.18
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TOTAL				19,526.73	0.00	0.00	0.00	0.00	0.00	0.00	19,526.73		0.00		19,526.73

BellSouth Confidential

6/21/2004